



## **Challenge TB - Mozambique**

### **Year 2**

### **Quarterly Monitoring Report**

### **October-December 2015**

**Submission date: January 30, 2016**

## **Table of Contents**

<b>1. QUARTERLY OVERVIEW</b>	<b>3</b>
<b>2. YEAR 2 ACTIVITY PROGRESS</b>	<b>5</b>
<b>3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2 20</b>	
<b>4. SUCCESS STORIES – PLANNING AND DEVELOPMENT</b>	<b>21</b>
<b>5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS</b>	<b>22</b>
<b>6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)</b>	<b>25</b>
<b>7. QUARTERLY INDICATOR REPORTING</b>	<b>27</b>

*Cover photo: Pediatric TB Training for HCWs in Tete Province, the photo was taken during the practical season. (Photo Credit Maria Jose Pires Machai 2015)*

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

### **Disclaimer**

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## 1. Quarterly Overview

Country	Mozambique
Lead Partner	FHI 360
Other partners	KNCV
Workplan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

### Most significant achievements: *(Max 5 achievements)*

#### I. Assessment of Childhood TB

The province of Nampula, supported by Challenge TB (CTB) has recorded a significant increase in the number of pediatric Tuberculosis (TB) cases notified from October to December 2015 compared to the same period in 2014. In the past quarter, pediatric TB represented 17% (241/1,266) of cases notified compared to 12% (104/846) in October to December 2014. CTB and the National TB Program (NTP) trained 371 maternal and child health nurses in pediatric TB screening and diagnosis during year one and this training likely contributed to this increase, as more cases reported were being referred from different entry points than before at the health facility. An assessment of the retention of those who benefited from pediatric TB training showed that 100% continue to work in their designated Health Facilities (HF) both in Tete and Nampula provinces.

#### II. Laboratory strengthening

CTB supported an External Quality Assurance (EQA) meeting in Sofala Province. The meeting aimed to evaluate performance of microscopy labs based on defined quality standards. In APA1, Sofala had lab enrollment of 100% (28/28) out of which 79% (22/28) achieved acceptable performance. In APA 2, the number of Labs enrolled and participating in EQA dropped to 27 and of these 93% (25/27) achieved acceptable performance levels, which was an increase of 15% from the previous semester.

#### III. TB in Prisons

CTB has been leading the establishment of a Technical Working Group (TWG) for TB in prisons. The TWG is composed of partners from the National Prisons Services (SERNAP), NTP, the HIV program, and stakeholders. This quarter, the group defined its Terms of Reference (TOR), developed an agenda based upon priorities, and performed a mapping exercise to identify where each partner currently works to avoid duplication of efforts. The group will support all NTP efforts in implementing TB control activities in prisons. Previously, prison interventions were limited due to the difficulties in accessing prison facilities by the ministry of justice because of security reason. The TWG thus will support in facilitate access, influence decision makers from both the Ministry of Health and Ministry of Justice on approving new interventions and approaches meant to control TB in prison settings. Ownership challenges were met initially in setting up of the group as both ministries wanted to be the lead partner and have their logo on all documentation and materials to be produced. At last, SERNAP was selected and will be responsible for all activities. CTB also developed a TOR for the Information, Education and communication (IEC) materials for TB/HIV in prisons. A TB/HIV pamphlet was drafted by the TWG and was submitted to SERNAP and NTP for approval. The TB/HIV pamphlet and other IEC materials developed by the TWG will be used in prisons settings country wide.

#### IV. Strengthening Monitoring and Evaluation with NTP at District Level

CTB Mozambique provided technical support in training NTP district supervisors and their deputies, district lab supervisors, and NTP partners in the roll out of the revised Monitoring and Evaluation (M&E) data collection tools and World Health Organization (WHO) case definitions of 2013. While the training activity itself was financed by Global Fund, CTB supported printing of the data collection tools to be used in the four CTB provinces beginning on December 21, 2015. As part of continued coordination and collaboration between the NTP and its partners and as part of CTB efforts to strengthen NTP M&E activities, CTB will continue to provide technical assistance on the use of these tools through close mentoring and supervision to ensure that the correct information is captured and reported.

V. Support for Professional Development

CTB supported the participation of four people (2 CTB and 2 NTP staff) at the 46<sup>th</sup> Union World Conference on Lung Health held in Cape Town, South Africa. During the conference, the Mozambique CTB Chief of Party (COP) gave an oral presentation on *"Assessment of costs related to community based DOTS services in identification, referral and treatment follow-up of TB cases: The FHI360/TB CARE I experience in Mozambique"*.

**Technical/administrative challenges and actions to overcome them:**

Due to delays in approval of sub awards with local partners, the implementation of Community Based Directly Observed Treatment (CB DOTS) activities could not start according to plan. The delay has resulted in decreased involvement in the project by provincial health directorates. As a way to overcome this, CTB will strengthen its presence in the provinces by intensifying implementation of activities not directly linked to CB DOTS and will increase technical support at health facility level. For example, the CTB Provincial Technical Officer (PTO) will provide more technical and direct support to the NTP in the implementation of care and prevention activities for patients with susceptible TB, MDR-TB, Infection Control (IC) and Pediatric TB, and provision of technical support in high burden TB/HIV facilities through additional clinical examination on potentially missed cases by health technicians.

Competing priorities within NTP have led to a delay in implementation of some planned activities, including integrated NTP/CTB supportive supervision visits; conducting of an MDR-TB planning workshop, and provision of long term technical assistance to the two regional reference labs. In this reporting period, NTP prioritized the introduction of the new M&E tools (finalization of the data collection instruments, training of staff, distribution of materials and roll out). CTB has reprogrammed these activities to be implemented in the next quarter (January-March 2016).

## 2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Support in the establishment of TB Champions district groups and support in campaign awareness	1.2.1	16 groups created	32 groups created	16 groups created	64 (total in year one)	Not accomplished	<b>Not met</b>	This activity will be implemented in the second quarter. In this period, the Provincial Technical Officers (PTOs) held meetings with district supervisors and ex/current TB patients to define ways of creating such groups
Reproduce campaign materials	1.2.2				4,000 TB flyers, 64 banners + campaign gear and TB IEC materials reproduced (flyers, banners for each district, T/shirts, head gear, teaching aids (Story of Thomas, Patient Charter)	A revised teaching aid was developed and is being finalized. Copies of the Story of Thomas and the TB Literacy toolkit booklet are being printed.	<b>N/A</b>	

**Sub-objective 2. Comprehensive, high quality diagnostics**

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Continued support to the NTP Lab department on their TB Laboratory Strategic Plan	2.1.1	Consultative meetings conducted	Lab strategic plan updated	Plan under review and submitted for approval	NTP Lab SP approved	Consultative meetings were held to discuss the TB Strategic Plan (SP). The Ministry of Health (MOH) is planning to conduct a national laboratory network review with a comprehensive gap analysis in 2016. CTB lab officer is involved in the development and design of the National Lab Strategy	Met	CTB has received a request from the MOH to support the Lab SP review workshop and conduct visits to the regional labs prior to the workshop.
Support in panel testing for reference labs	2.2.1	Panel testing conducted	-	-		Panels for Line Probe Assay and Drug Susceptibility Testing (DST) were received from the Milan Supra National Laboratory (SRL) in December 2015. CTB supported cost for the panel and shipping. Results from the panel will be available in Q2.	Met	
Long term assistance to Beira and Nampula for technical support	2.2.2	Two visits conducted	One visit conducted			Not accomplished	Not met	Long term assistance to Beira and Nampula regional reference labs has been postponed until 2016 as requested by the National Reference Laboratory (NRL) due to high workload as most staff were now taking their

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities	Activity	Planned Milestones				Milestone status	Milestone	Remarks (reason for not
								annual leave holidays.
Emergency Support for Beira and Nampula Ref Labs functioning	2.2.3				Three reference labs functioning	This is an annual milestone. Progress was made to date.	<b>N/A</b>	<p>In close coordination with the NRL, the two regional reference labs identified urgent needs requiring immediate intervention:</p> <p><b>Nampula:</b> Pre-filter change for Biosafety Cabinets, air conditioning repair, and uninterruptible power supply units for lab equipment</p> <p><b>Beira:</b> Water tank for water supply</p>
Develop, revise/update and reproduce Lab manuals (microscopy, EQA and Bio-Safety)	2.2.4	Manual development initiated	Review process and submission to respective departments for approval	Manuals approved and ready for printing	1200 copies of the Microscopy and Xpert, EQA and Bio-safety manual reproduced and distributed	Not accomplished	Partially met	The manual has been outlined and CTB is working closely with the NRL and NTP on the development and finalization of the lab manual
Supportive supervision visits conducted	2.2.5	2 supervision visits conducted	2 blind re-checking exercise	2 supervision visits conducted	2 blind re-checking exercise	Though blind rechecking was planned for Q 2, however CTB supported blind rechecking exercise in Sofala province with 96% (27/28) of the registered labs participating. The results were encouraging with 92.6% (25/27)	<b>Not met</b>	This activity has been postponed to the next quarter (Jan –March 2016) as requested by the provinces

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities	Activity	Planned Milestones				Milestone status	Milestone	Remarks (reason for not
						having acceptable performance		
Conduct minor interventions/ rehabilitations to improve conditions for peripheral lab network expansion	2.2.6	Identification and subcontracting company to conduct planned interventions.	Work in progress	work in progress and finalization	4 rehabilitations conducted and Lab network expanded	Assessments were conducted for peripheral lab network expansion and four sites were identified (one in each target province). Bill of quantities have been done and lab improvements plan to current infrastructure challenges related to functionality and biosafety elaborated by the infrastructure department in each province	<b>Partially met</b>	
Support 1 annual provincial lab meeting	2.2.7				4 annual provincial lab meetings held, one in each province	One provincial lab meeting was held in Tete.	<b>N/A</b>	Key constraints identified were: A) Weak flow of information from the periphery to district and provincial labs. B) Weak sample transportation system. C) Rejection of samples sent to reference labs because of poor quality.
Support long term TA visits	2.3.1	2 long term TA visits to Beira and Nampula	1 long term TA visit to Beira and Nampula		Total of 3 visits to each lab conducted	Not accomplished	Not met	Activity reprogramed for second quarter due to competing priorities in NRL and NTP.
Support quarterly monitoring visits to Beira and Nampula Ref labs	2.3.2			1 visit each to Beira & Nampula RL	1 visit each to Beira & Nampula RL  Total of 2 visits to each lab	N/A	<b>N/A</b>	Activity will be implemented in the third quarter after completion of long term TA



Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities	Activity	Planned Milestones				Milestone status	Milestone	Remarks (reason for not
					conducted			
Support implementation of GxAlert in all Units in CTB provinces	2.3.3	Procure 20 internet modem and install in Xperts in CTB sites			GxAlert functioning in 20 machines	CTB will support the implementation of GxAlert in 20 machines in the four target provinces. Procurement of the internet modems has started. This activity will be completed in Q3.(Apr-June 2016)	<b>Partially met</b>	CTB is working under the guidance of NTP and James Cohen the USG technical advisor for MDR TB
Implement a specimen transportation system	2.6.1	Purchase 6 motorbikes, coordinate with CHASS 3.0 to develop a system for Sofala & Tete	Implementation of specimen transportation in 6 selected districts of Zambézia and Nampula province.	Continued implementation, monitoring of activity and supportive visits conducted	Improvement in sputum sample transportation and utilization of Beira and Nampula RLs	Motor bikes are under procurement for Zambezia and Nampula provinces  For Sofala and Tete the referral system will be linked to CHASS; the process is in the preparatory stages.	<b>Partially met</b>	
Develop tools to monitor the referral system and reproduce sample collection guidelines	2.6.2	Sample transportation guidelines developed, printed and in-use			Developed guidelines are in-use for quality sample transportation	Sample transportation guideline is under development and a laboratory technical group will start discussion of this tool later this year The monitoring tools (see annex) were designed by CTB lab officer and reviewed by the PMU lab adviser	<b>Partially met</b>	

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Conduct training of health care workers in clinical diagnosis of TB (maternal, neonatal and child health nurses)	3.1.1	192 MCH nurses trained in 16 districts	192 MCH nurses trained in 16 districts		Total 384 MCH nurses in 32 districts of 2 CTB target provinces	TOT course on pediatric TB was conducted in Zambezia and Sofala provinces. A total of 58 (29 females and 29 males) were trained. -Zambezia 28 (15 females and 13 males) - Sofala 30 (14 females and 16 males)	<b>Partially met</b>	Cascade training will be implemented in the next quarter in these two provinces. Through this we expect to meet the training targets stated.
Conduct CTB/NTP supportive supervision visits	3.1.2	4 supervision visits conducted (one in each province)		4 supervision visits conducted (one in each province)	Total of 8 visits (2 in each of the 4 CTB target provinces)	Not Accomplished	<b>Not met</b>	Joint supervisory visits were not conducted this quarter due to NTP competing priorities. This activity will be implemented in the next quarter
Implementation of systematic screening of TB in selected prisons	3.1.3	TB/HIV training Materials developed	50 Trained	50 Trained	100 Trained	TB/HIV prison materials are under development. A draft has been finalized and has been submitted to SERNAP for approval.	<b>Partially met</b>	CTB did not implement this activity this quarter as it is awaiting approval on the TB/HIV prison materials submitted to SERNAP for approval.
Coordinate with PEPFAR HIV partners	3.1.4	Participation in 1 quarterly meeting per province	Participation in 1 quarterly meeting per province	Participation in 1 quarterly meeting per province	Participation in 1 quarterly meeting per province (Total 12 quarterly meetings)	CTB PTOs participated in two provincial TASKFORCE team meetings (Sofala and Zambezia) where TB/HIV collaborative and pediatric TB issues were discussed	<b>Met</b>	

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Provincial level clinicians trained in MDR-TB	3.1.5	25 Trainers oriented			120 clinicians at provincial level trained	Coordination meetings and training agendas have been finalized. Prof. Camineiro will facilitate the orientation process for trainers. Orientation will be done before the cascade trainings are conducted in the CTB provinces.	<b>Partially met</b>	xxThe orientation training for trained trainers has not been conducted due to availability of Pro. Caminero, who will only be available in July 2016. The NTP has decided to go ahead with the cascade training rom Q 2 and will revise the consultant terms of reference to address gaps which will be identified by then.
Conduct semi-annual central level and provincial level MDR-TB specific supervision visits	3.1.6	4 semiannual visits to CTB target provinces		4 semiannual visits to CTB target provinces	8 total visits conducted		<b>Not met</b>	This activity is postponed to the second quarter due to overlapping activities at the NTP
Reproduce and disseminate GeneXpert algorithm	3.1.7				6,000 copies of the laminated Xpert algorithm produced, distributed and in use	This is an annual target.	<b>N/A</b>	Reproduction of GeneXpert algorithm is in progress and dissemination is being integrated in training being conducted for clinicians and lab staff.
Coordinate the development and implementation of the MDR-TB data base	3.1.8	MDR-TB data base developed			Data base developed and cohort analysis done	TB MR data base (excel based) finalized and approved by NTP. CTB is providing assistance in updating the data base. NTP will initiate the use of the database from 21 December 2015	<b>Met</b>	

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Consolidate CB DOTS implementation by sub-contracting implementing partners	3.1.9				CB DOTS activities being implemented in 64 target districts		<b>N/A</b>	CTB is awaiting approval of sub-awards contracts
Support in CB DOTS data reporting	3.1.10				Data collection tools printed and used for reporting valid data	CB DOTS data collection and reporting instruments have been finalized and printed to be distributed to all implementing agencies	<b>N/A</b>	
CB DOTS supportive supervision visits	3.1.11		4 visits conducted in 4 CTB target provinces	4 visits conducted in 4 CTB target provinces	Total 8 visits conducted		<b>N/A</b>	Activity to be implemented after signing of sub-awards
Annual CTB partners and NTP evaluation meeting	3.1.12				CB DOTS partners, NTP Provincial Staff + CTB engage to improve implementation of community activities		<b>N/A</b>	Activity to be implemented after signing of sub-awards
Strengthen implementation of the three PCA tools	3.2.1	TA visit from KNCV for material adaptation. Materials finalized and	Printing of approved materials and training of CB DOTS partners as to	Continued monitoring of activities and documentation of results	3 PCA tools implemented and results documented	The revised teaching aid for community volunteers and HF staff is being finalized. The teaching aid (story of Joana) will include all	<b>Partially met</b>	The revised patient charter will be finalized and reproduced in second quarter (January to March 2016).

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
		submitted for approval	disseminate			relevant information.		
Train district level NTP staff in TB program management	3.2.2				192 district level NTP staff trained in TB program management		<b>N/A</b>	Activity to be implemented in the second quarter
Implement and strengthen the use of the patient based ER+R	3.2.3	ER+R system piloted and results documented	Gradual roll out process of the ER+R to more districts is initiated	Continued expansion to more districts until total coverage of 64 districts is achieved	Data reporting by NTP is strengthened and monitoring of patients on treatment improves	CTB and NTP will finalize the ER+R with the consultant in the next quarters. With support from ICAP in Zambezia and CTB in Sofala, this data base will be tested in two HF at the provincial level in each province	<b>Partially met</b>	Refer to activity number 10.1.1
Coordinate with FHI360 FANTA III project to include nutrition information for MDR-TB patients	3.2.4				2 meetings realized and the nutrition component is included in the CB DOTS National strategy	CTB held meetings with FANTA III project staff to revise the CB DOTS strategy and include nutrition information for MDR-TB patients	<b>N/A</b>	

Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		

Implement a contact tracing system	4.1.1	Revise/develop system including data collection tools. Train CB DOTS IA in the system to enable training for CHW	Trained CHW start implementing system. Supportive visits conducted and monitoring of data reported	Continued implementation of activities	System is evaluated based on results and advocacy is done to the NTP for inclusion into national guidelines	Data collection tools have been developed but have not yet been implemented	<b>Partially met</b>	

#### Sub-objective 5. Infection control

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Implement FAST strategy in selected HF	5.1.1	16 HF with FAST strategy functioning (training of cough officers conducted and data reporting in place)	16 HF with FAST strategy functioning (training of cough officers conducted and data reporting in place)		32 facilities implementing certified FAST		<b>Not met</b>	This activity is closely related to CB DOTS activities, particularly in terms of referrals and follow-up of the patients within the HF. . Because CB DOTS has not yet started, it is difficult to assure startup of FAST. This is to be implemented by CB DOTS activists and community volunteers

Support in implementing HF IC plans	5.2.1	8 facilities visited and an assessment of existing IC plans conducted. Interventions will depend on initial results	8 facilities visited and an assessment of existing IC plans conducted. Interventions will depend on initial results	8 facilities visited and an assessment of existing IC plans conducted. Interventions will depend on initial results	8 facilities visited and an assessment of existing IC plans conducted. Interventions will depend on initial results  Total of 32 facilities with functioning IC plans	CTB PTOs have completed assessment of IC in APA 1. In this quarter, PTOs are following up on issues identified during the assessment and providing TA to the HF accordingly. Findings:- Non-existence of HCW consultation for TB; Lack of IEC materials for display on the walls; lack of protective mask for both TB patients and HCWs; in some lab, IC precaution is not taken during the preparation of slides; and lack of electrical fans.  Recommendations: Develop TB IC plan specific to each HF; ensure consultation of HCWs for TB and counseling and testing for HIV; provide training for HCWs on TB IC; develop a flow chart for screening of all patients identified as presumptive TB case in the Health centers; ensure the provision of surgical masks to all patients with cough or other symptoms of TB as well for so HCWs; ensure and availability and usage of IEC materials in all	Met	
-------------------------------------	-------	---	---	---	---	---	-----	--

Sub-objective 6. Management of latent TB infection								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Coordinate Provincial TASKFORCE meetings	6.1.1	12 meetings conducted	12 meetings conducted	12 meetings conducted	12 meetings conducted  Total 48 meetings held	PTO are supporting and participating in provincial task force meetings. The level of coordination has improved between NTP and partners, leading to better coordinated implementation and leveraging of resources.	<b>Met</b>	
Coordinate with CHASS to implement community support for IPT treatment	6.1.2				IPT community follow up strategy developed and in use	CTB held meetings with CHASS and identified possible areas of intervention. This activity will be followed in the second quarter	<b>N/A</b>	
Support in the dissemination of IPT policy and guidelines	6.1.3				500 copies reproduced, distributed and in use at HFs	IPT job aids developed based on policy and guideline. Copies of the IPT job aids were reproduced and distributed during the trainings in all technical areas. This will continue during the next trainings	<b>N/A</b>	

Sub-objective 10. Quality data, surveillance and M&E					
Planned Key Activities	Activity	Planned Milestones	Milestone status	Milestone	Remarks ( <i>reason for not</i>



for the Current Year	#	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015	met? (Met, partially, not met)	meeting milestone, actions to address challenges, etc.)
Pilot the ER+R in selected sites	10.1.1	2 sites in Beira cidade (Sofala province) selected for piloting. Training of NTP conducted and piloting initiated.	Pilot results are compiled and influence plans for rollout.		Pilot is concluded & results used to improve the ER+R system	The pilot could not be undertaken because the NTP M&E data collection instruments finalized this quarter and final changes are still being made to the ER+R	<b>Partially met</b>	CTB together with the NTP have reprogrammed these activities to be implemented in the third quarter.
Finalize the ER+R system	10.1.2	Revised tools based on pilot results are printed and distributed as part of the roll out process			ER+R is rolled out and in use in provinces	NTP, with support from CTB and other partners, has finalized and printed the new M&E data collection instruments and trained districts and provincial staff on their use.	<b>Met</b>	The NTP will roll out the use of these instruments country wide starting from December 21, 2015.
Printing of NTP M&E tools	10.2.1	Tools printed for pilot phase	Revised tools printed for roll out phase		Tools printed and used to support NTP M&E dept.	NTP new M&E data collection instruments printed and distributed to all CTB provinces for use in all HF with TB registers.	<b>Met</b>	
Support NTP quarterly monitoring meeting	10.2.2	4 meetings conducted	4 meetings conducted	4 meetings conducted	4 meetings conducted  16 meetings held in total	Sofala and Tete provinces held quarterly monitoring meetings supported by CTB. The meetings were attended by all district supervisors and NTP focal persons in health facilities with TB registers.	<b>Partially met</b>	Nampula and Zambézia provinces could not hold this meeting due to other priorities at the provincial level. This activity will continue in the second quarter.

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Conduct semi-annual DQA visits	10.2.3	2 DQA conducted	2 DQA conducted	2 DQA conducted	8 DQA visits realized		<b>Not met</b>	This was not achieved due to NTP conflicting priorities. During this quarter NTP focused on the finalization of M&E data collection instruments and training of NTP district and provincial level staff. This activity will be conducted in the next quarter.
Support in Prevalence study	10.2.4				5 visits by Ellen Mitchel, Job and Nico Kalisvaart conducted and assistance provided to the NTP	KNCV consultant (Ellen Mitchel) visited in December and provided TA to NTP on the Prevalence survey.	<b>N/A</b>	
RFA for Proof of Concept (POC)	10.2.5	One local/international partner identified and contracted to pilot the POC			POC piloted and results used in the Prevalence protocol		<b>Not met</b>	Activity has been put on hold by the NTP. Discussion is ongoing on alternative actions to take.
Involve local research partners for operational research activities	10.2.6	One local research partner identified to provide support in implementation of the					<b>Not met</b>	CTB did not move forward with this activity in this quarter as the NTP does not want to pilot POC field based Xpert testing. Discussion is ongoing about next steps.

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
		Xpert POC						
Update of the National Research Agenda	10.2.7	Consultative meetings conducted	Consultative meetings conducted	Draft agenda presented for approval	Research Agenda Updated	Meetings held with NTP to revive the discussion on the national research agenda.	<b>Met</b>	

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Support the NTP with qualified human resources	11.1.1				4 NTP staff participated in international events	CTB supported the participation of 2 NTP staff in the Union World Conference on Lung Health held in Cape Town, South Africa.	<b>N/A</b>	

### 3. Challenge TB's support to Global Fund implementation in Year 2

#### Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
Ministry of Health	B1	B1	US\$64.7 m	US\$25.0 m	

\* Since January 2010

#### In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Disbursement of funds by GF has been going on as planned; the only challenge has been with the country coordination mechanism, which is supposed to allocate funds to the different MOH departments and this allocation takes longer than expected, which affects activity implementation.

The Global Drug Facility will support in the procurement of first and second line drugs. Currently the country has enough stock for first line drugs until June 2016, and for second line drugs until April 2016; however, another consignment of drug is expected in April and June 2016 for second and first line respectively to avoid any stock out. For XDR drugs, ministerial approval is still been awaited before the procurement of the drug. One of the activities GF would support.

#### Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

CTB provided technical assistance to training on the new M&E tools, training that was funded by the Global Fund (GF). First the CTB team (M&E officer, TB/HIV officer, and Technical Director) supported the national level TOT training of NTP provincial supervisors on the revised NTP M&E instruments. Later, CTB provided TA to the training of district and provincial M&E staff in the use of these instruments in all four CTB provinces.

## 4. Success Stories – Planning and Development

<b>Planned success story title:</b>	Improved Pediatric TB screening in Tete Province
<b>Sub-objective of story:</b>	3. Patient-centered care and treatment
<b>Intervention area of story:</b>	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
<b>Brief description of story idea:</b>	<p>Results of Maternal and Child Health (MCH) nurse training in increasing Pediatric TB screening and diagnosis indicators in Tete Province.</p> <p>The story will look at the recently conducted training of maternal and child health nurses in Tete province. Pediatric TB has always been a challenge for the Provincial NTP department and the project responded by training MCH nurses to provide support in screening and diagnosis of Pediatric TB in all health facility entry points. Prior to the training, pediatric clinicians were trained and used as trainers for the lower levels MCH nurses in their respective health facilities. This was to guarantee that the MCH nurses get the technical support they will need in terms of complicated cases for referral purposes. Three months after the training, positive results have already been reporting and documentation will be done with an evaluation of number of nurses trained who are still working on the entry points assigned after the training for effectiveness of the strategy against staff turnover/reallocation.</p> <p>Increased knowledge of HCW in diagnosis and management of Pediatric TB</p>
<b>Status update:</b>	In development

## 5. Quarterly reporting on key mandatory indicators

**Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)**

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	165	87	We are awaiting national data for Jul-Sep 2015 and Oct-Dec 2015. NTP is still compiling the data.
Total 2011	184	146	
Total 2012	283	215	
Total 2013	359	313	
Total 2014	482	482	
Jan-Mar 2015	155	155	
Apr-Jun 2015	131	131	
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015	643		

**Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)**

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area <i>(List each CTB area below - i.e. Province name)</i>						We are awaiting national data for 2015 as the NTP is still compiling the data.
	Nampula	1,676					
	Sofala	1,882					
	Tete	1,266					
	Zambezia	1,926					
	TB cases (all forms) notified for all CTB areas	6,750					
	All TB cases (all forms) notified nationwide (denominator)						
	% of national cases notified in CTB geographic areas						
Intervention (setting/population/approach)							
Community referral	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Contact Investigation	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Children (0-14)	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Other	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						

(Prisons)	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Intensified case finding (ICF) (e.g. health facility-based)	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Active case finding (ACF) (e.g. case finding among key	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Other (sputum transport system)	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						



## 6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Kathleen England	X				1. Support Ref Lab Quality Assurance System 2. Ref Lab supervision visit	Complete	October 31 to November 7 2015	8 days	
2	FHI360	Daniela Cirillo	X				1. Support Ref Lab Quality Assurance System 2. Ref Lab supervision visit	Complete	December 7 to 11 2015	5 days	
3	FHI360	Pepe Camineiro		X			1. Orientation to MDR-TB country trainers 2. Participate in one provincial level MDR-TB training	Pending			Visit reprogramed to Q3
4	KNCV	Sara Massaut	X				1.Strengthen PCA implementation by adapting 3 PCA tools (Patient Charter, TB Literacy Toolkit & Quote TB Light)	Pending			
5	KNCV	Sara Massaut	X				1. Participate in a National Workshop to official introduce PCA and share lessons learned in implementation	Pending			
6	KNCV	Nico Kalisvaart	X				1. ER Assessment and Planning 2. Participate in the stakeholder workshop	Pending			

7	KNCV	Nico Kalisvaart		X			1. Follow up on ER development	Pending			
8	KNCV	Ellen Mitchell	X				1. Prevalence survey preparation and POC monitoring	Complete	November 28 to December 9 2015	12 days	
9	KNCV	Ellen Mitchell			X		1. Prevalence study pilot supervision	Pending			
10	KNCV	Ellen Mitchell				X	1. Monitor/supervise survey implementation in the first batch of districts	Pending			
11	FHI360	Carol Hamilton				X	1. FHI HQ technical supervision on activity implementation 2. APA3 work plan development support	Pending			
12	KNCV	TBD		X			1. Visit laboratory operations in Beira and Nampula	Pending			
13	KNCV	Jeroen van Gorkom			X		1. Monitoring and APA3 development	Pending			
14	FHI360	CTB Country Office Staff (2 people)				X	1. Participate in the 46 <sup>th</sup> Union World Conference on Lung Health 2. Participate in CTB side meetings	Complete	December 1 to 7 2015	7 days	CTB COP and PTO participated in the 46 <sup>th</sup> Union World Conference on Lung Health held in Cape Town, South Africa
15	FHI360	NTP staff participate in International events/ conferences				X	1. Participate in the 46 <sup>th</sup> Union World Conference on Lung Health 2. Participate in international trainings	Complete	December 1 to 7 2015	7 days	Two NTP staff participated in the 46 <sup>th</sup> Union World Conference on Lung Health held in Cape Town, South Africa
Total number of visits conducted (cumulative for fiscal year)								5			
Total number of visits planned in approved work plan								15			
Percent of planned international consultant visits conducted								33%			

## 7. Quarterly Indicator Reporting

<b>Sub-objective:</b>	<b>1. Enabling Environment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
# of current/ex-TB patient groups engaged at the community level and also linked with the NTP	Number of groups	Annually	0	15	0	This activity is closely related to CB DOTS and will be implemented in the second quarter.

<b>Sub-objective:</b>	<b>2. Comprehensive, high quality diagnostics</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	N/A	Annually	-	1	Measured annually	The LSP that was under development during TB CARE 1 was not approved and is now considered out of date as new diagnostic techniques are being implemented. A gap analysis will be conducted with support from CTB in the next quarter.
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	N/A	Annually	100% (3/3)  Maputo NRL - Accredited Nampula RL - 0 star Beira RL - 0 star "	100% (3/3)  Maputo NRL - Accredited Nampula RL - 1 star Beira RL - 1 star "	33% (1/3) Maputo NRL - Accredited Nampula RL - 0 star Beira RL - 0 star	NRL is accredited by Instituto de Português para Acreditação/National Portuguese Institute for Accreditation (IPAC).  Beira and Nampula reference labs are also implementing and following a step-wise plan for a TB laboratory quality management system towards accreditation.
2.2.7. Number of GLI-approved TB	N/A	Annually	0	4	Measured annually	CTB is working with the NRL and the NTP to develop manuals and

<b>Sub-objective:</b>	<b>2. Comprehensive, high quality diagnostics</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
microscopy network standards met						guidelines toward the achievement of GLI standards.
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	new and previously treated cases	Quarterly	3.5% of new patients (n=1896)  11.2% of retreatment patients (n=460)  Nationwide 014 Notification data	N/A	Data not available	National data are not available as the NTP is still compiling the data. The national data will be reported in the next quarter.
2.6.1. Average turnaround time from specimen collection/submission to delivery of result to the patient (stratified by microscopy, Xpert, culture, DST)	new and previously treated cases	Quarterly	N/A	TBD	No result to report	This activity is closely related to CB DOTS activities which will be implemented in the second quarter.

<b>Sub-objective:</b>	<b>3. Patient-centered care and treatment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children,	Gender and age	Quarterly	CTB Provinces 4420/28253 (16%) Tete 463/3492 (13%) Nampula 1229/7236 (17%)	12,732/31,830 (40%) (4 CTB target provinces)	See Table 5.2 above for more detail.	This activity is closely related to CB DOTS activities, which will be implemented in the second quarter.

Sub-objective:		3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
miners, urban slums, etc.) and/or case finding approach			Zambezia 1815/9881 (18%) Sofala 913/7644 (12%)			
3.1.4. Number of MDR-TB cases detected	Gender and age	Quarterly	482	572	Data not available	National data are not available as the NTP is still compiling the data. The national results will be reported in the next quarter.
3.1.13. #/% of presumptive TB patients referred by community referral systems	Gender and age	Quarterly	22,180	89,124	0	This activity is closely related to CB DOTS activities, which will be in the second quarter
3.1.14. #/% of total cases notified that were referred or diagnosed via CB approaches	Gender and age	Quarterly	CTB provinces total 4,420/28,253 (16%)  Tete 463/3,492 (13%) Nampula 1,229/7,236 (17%) Zambezia 1,815/9,881 (18%) Sofala 913/7,644 (12%)  (NTP report, 2014)	12,732/31,830 (40%)  (4 CTB target provinces)	0	This activity is closely related to CB DOTS activities, which will be in the second quarter
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons,	gender and age	quarterly	88% (20,196/23,009)  National data 2014	11,459/12,732 (90%)	Data not available	National data are not available as the NTP is still compiling the data. National results will be reported in the next quarter

<b>Sub-objective:</b>	<b>3. Patient-centered care and treatment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).						
3.2.4. Number of MDR-TB cases initiating second-line treatment	gender and age	quarterly	National 2014: 482	572	Data not available	National data are not available as the NTP is still compiling the data. The national results will be reported in the next quarter.
3.2.7. Number and percent of MDR-TB cases successfully treated	gender and age	quarterly	National 2012 cohort: 222 (46%)	320/572 (56%)	Data not available	National data are not available as the NTP is still compiling data. The national results will be reported in the next quarter.

<b>Sub-objective:</b>	<b>4. Targeted screening for active TB</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
4.1.1. #/% of eligible index cases of TB for which contact investigations were undertaken	gender and age	quarterly	0	11,459/12,732 (90%)	0	This activity is closely related to CB DOTS activities, which will be implemented in the second quarter
4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB	gender	quarterly	0	11,000/13,751 (80%)	0	This activity is closely related to CB DOTS activities, which will be implemented in the second quarter

<b>Sub-objective:</b>	<b>5. Infection control</b>					
-----------------------	-----------------------------	--	--	--	--	--

Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.3. #/% of TB IC (i.e. FAST) certified health facilities	health facilities	quarterly	6/64 (9%) NTP Report, 2014	32/64 (50%)	0	This activity is closely related to CB DOTS activities, which will be implemented in the second quarter
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	gender	quarterly	186/2,069 (9%) NTP Report, 2014	269/2,069 (13%)	Data not available	National data are not available as the NTP is still compiling the data. National results will be reported in the next quarter

<b>Sub-objective:</b>	<b>6. Management of latent TB infection</b>					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.2. % of eligible persons completing LTBI treatment, by key population and adherence strategy	key population, gender and age	Annually	0%	40%	Measured annually	National data are not available as the NTP is still compiling the data. National results will be reported in the next quarter.
6.1.11. Number of children under the age of 5 years who initiate IPT	gender	Quarterly	17,026 (46%) National	6,875/13,751 (50%) - CTB target provinces	Data not available	National data are not available as the NTP is still compiling the data. National results will be reported in the next quarter.

<b>Sub-objective:</b>	<b>7. Political commitment and leadership</b>					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific activity	N/A	Annually	0	N/A	Measured annually	CTB will report on this indicator but no specific activity is planned.

<b>Sub-objective:</b>	<b>8. Comprehensive partnerships and informed community involvement</b>					
-----------------------	---	--	--	--	--	--

Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership	N/A	annually	0	N/A	Measured annually	CTB will report on this indicator but no specific activity is planned.
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	N/A	Annually	0	15%	Measured annually	This activity is closely related to CB DOTS activities, which will be implemented in the second quarter
8.2.1. Global Fund grant rating	N/A	Annually	B1	N/A	B1	CTB will report on this indicator but no specific activity is planned.

<b>Sub-objective:</b>	<b>9. Drug and commodity management systems</b>					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	N/A	annually	0	N/A	Measured annually	CTB will report on this indicator but no specific activity is planned.

<b>Sub-objective:</b>	<b>10. Quality data, surveillance and M&amp;E</b>					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system	Sites	annually	0	2	0	The NTP M&E data collection instrument was finalized this quarter and final changes are being made to the data base. The pilot of the ER+R system will be done in the third quarter.
10.2.1. Standards and benchmarks to certify surveillance systems and vital	N/A	annually	0	Yes	Yes	MEASURE Evaluation conducted a tuberculosis (TB) assessment in 2014.



<b>Sub-objective:</b>	<b>10. Quality data, surveillance and M&amp;E</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
registration for direct measurement of TB burden have been implemented						
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	N/A	annually	0%	1% (80.000/5,404,310)	Measured annually	CTB did not carry out operational research during this reporting period.
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	N/A	annually	0	Yes	Measured annually	CTB did not carry out operational research during this reporting period.

<b>Sub-objective:</b>	<b>11. Human resource development</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
11.1.3. # of healthcare workers trained, by gender and technical area	gender and technical area	quarterly	0	3,964	58 (29 females and 29 males)	TOT training on pediatric TB in Sofala and Zambezia provinces 58 (29 females and 29 males) was conducted.
11.1.5. % of USAID TB funding directed to local partners	Partner	annually	0	24% (1,280,000/5,404,310)	Measured annually	This activity is closely related to CB DOTS activities, which will be implemented in the second quarter

